

Case Number:	CM14-0175160		
Date Assigned:	10/28/2014	Date of Injury:	12/09/1997
Decision Date:	12/04/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of December 9, 1997. A utilization review determination dated October 7, 2014 recommends noncertification of physical therapy. A progress report dated June 27, 2014 indicates that the patient is status post arthroscopy and is improving with physical therapy. Physical examination findings reveal restricted range of motion in the shoulder. The diagnosis is status post right shoulder arthroscopic subacromial decompression. The treatment plan recommends continuing physical therapy. A progress report dated July 18, 2014 identifies subjective complaints of muscle pain, spasm, cramping-worse. Objective examination findings indicate that the patient is getting worse. Diagnosis is myofascial pain, osteoarthritis, articular disk disorder. The treatment plan recommends medications. A physical therapy note dated July 10, 2014 identifies a substantial range of motion improvement since November 2013. The patient is noted to have 5/5 strength with the exception of internal and extra rotation, and nearly normal range of motion. The note indicates that the patient has undergone 56 therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Eight physical therapy sessions to the right shoulder 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, Postsurgical Treatment Guidelines Page(s): 10-12, 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions and there is documentation of objective functional improvement from the previous therapy sessions. However, there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS. In light of the above issues, the currently requested additional physical therapy is not medically necessary.